

10-02-00

A

INTELLECTUAL PROPERTY LAW

KLOBBE, MARTENS, OLSON & BARR

A LIMITED LIABILITY PARTNERSHIP INCLUDING
PROFESSIONAL CORPORATIONS

PATENT, TRADEMARK AND COPYRIGHT CAUSES

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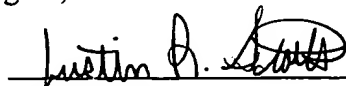
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : CANNING.001A
Applicant(s) : Francis X. Canning
For : COMPRESSION AND COMPRESSED
INVERSION OF INTERACTION DATA
Attorney : Lee W. Henderson Ph.D.
"Express Mail"
Mailing Label No. : EL559446715US
Date of Deposit : September 29, 2000

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 36 pages; 13 sheets of drawings;
SIGNED Declaration and Power of Attorney in 1 pages; Small Entity Statement;
Check for Filing Fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.


Justin Stotts

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jc926 U.S. PRO

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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Francis X. Canning**

For: **COMPRESSION AND COMPRESSED INVERSION OF INTERACTION DATA**


Enclosed are:

- (X) Specification in thirty-six (36) pages.
- (X) Thirteen (13) sheets of drawings.
- (X) A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.
- (X) Initial signed Declaration and Power of Attorney by inventor(s).
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$345	\$345
Total Claims	33 - 20 =	13 ×	\$9	\$117
Independent Claims	6 - 3 =	3 ×	\$39	\$117
If application contains any multiple dependent claims(s), then add			\$130	\$0
TOTAL FILING FEE		\$579.00		

- (X) A check in the amount of \$579.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.



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